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NSAB observes National Day of Prayer



Photo by Mass Communication Specialist 3rd Class Hank Gettys

Army Chaplain (Maj.) Stephen Pratel, bioethicist, pastoral care for Walter Reed National Military Medical Center, leads a group of service members and civilians in prayer during Naval Support Activity Bethesda's National Day of Prayer observance.

By Andrew Damstedt
NSAB Public Affairs
staff writer

Diversity of beliefs was highlighted and several prayers were offered during Naval Support Activity Bethesda's (NSAB) National Day of Prayer observance May 7, held at the

USO Warrior and Family Center.

"National Day of Prayer is not about how I pray or how you pray; it's about that we all pray," said NSAB Commanding Officer Capt. David A. Bitonti. "Prayer means something different to each of us and that's okay. That's good. It's meant to

be personal; it's between you and your God. It's an individual thing that, when focused on a unified cause, likely brings us all together to make a difference."

NSAB Command Chaplain Lt. Christilene Whalen said the day was set aside to observe an "invaluable asset we have as

Americans - the freedom to pray in our various voices."

Prayers were said by Chaplain (Capt.) Sergio Daza for the United States and its leaders; Chaplain (Lt. Col.) John O'Grady, military service members and their families; and Rabbi Risa Weinstein, NSAB, Walter Reed National Military

Medical Center and Uniformed Services University of the Health Sciences staff, employees and patrons. Cmdr. Barry Metzger and Chaplain (Maj.) Stephen Pratel also offered prayers.

"One of the things that

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Commander's Column

Navy Medical Department Education and Training

Our military services have some of the brightest people on the planet. Why is that? I think it is partly due to the dedication our service men and women have to defend freedom. They want to be on a winning team that appreciates their performance and respects them as individuals. The military can provide that sense of belonging and purpose. But I also believe we have a highly skilled, capable workforce because of the outstanding education and training opportunities afforded to those who choose the Department of Defense as a career.

How many of you thought about pursuing a college degree? Have you considered a commission in the U.S. Navy but didn't quite know how to go about it? What if you're already a commissioned officer but would like to further your education? As a General Service employee, are you aware of the educational opportunities available to you?

Navy Medicine Professional Development Center (NMPDC) provides education and training programs to assist those interested in furthering their careers. The following is a snapshot of just a few of the education and training opportunities offered by NMPDC.

Medical Service Corps-In-Service Procurement Program (MSC-IPP) provides a pathway to an officer commission for career-motivated active duty enlisted personnel in pay grades E-5 through E-9. MSC-IPP offers a wide range of undergraduate and graduate training opportunities to include Health Care Administration, Physician Assistant, and Environmental Health, to name a few. Sailors remain on active duty, receive full pay and allowances at their current enlisted pay grade, and take advancement exams to advance in rank while in the program.

Medical Enlisted Commissioning Program (MECP) is a commissioning program offering qualified enlisted men and woman from all ratings a chance to earn an entry-level nursing degree followed by an appointment as an Ensign in the Nurse Corps. Those accepted into the program are responsible for their educational expenses but receive full pay and allowances of their pay grades while going to school in pursuit of a Bachelor's Degree in Nursing. MECP students may use their Montgomery or Post



9-11 G.I. Bill as well as other outside financial assistance to pay for schooling.

Graduate Medical Education (GME) in the Navy Medical Department offers postgraduate training in a variety of medical specialties. Navy GME programs include: Full-Time In-Service internship, residency and fellowship programs, Full-Time Out-Service programs, Other Federal Institution programs, Navy Active Duty Delay for Specialists program, the 1-Year Delay program, and the Financial Assistance Program.

All eligible Naval Medical Corps officers are encouraged to apply to the annual GME Selection Board (GMESB) for specialty training. Applications are due in late-September; the GMESB is held the week after Thanksgiving, and the results are released in mid-December.

The Naval Postgraduate Dental School (NPDS) provides advanced dental programs such as fellowships in Maxillofacial Prosthetics and Orofacial Pain; residencies in Comprehensive Dentistry, Endodontics, Periodontics, Orofacial Pain, Prosthodontics, Oral and Maxillofacial Pathology, as well as a one-year program in Advanced Education in General Dentistry. NPDS is aligned academically with the Postgraduate Dental College (PDC) at Uniformed Services University of the Health Sciences. The PDC confers the Master of Science Degree in Oral Biology to all graduating specialty dental residents.

Professional Education and Training is also available to General Service employees within Navy Medicine to broaden their skill sets as professionals. A few of those opportunities include the Clinic Management Course, Patient Administration Course and the Financial and Materials Management Training Course.

For a complete list of education and training programs we offer at NMPDC, please visit our website at: <http://www.med.navy.mil/sites/nmpdc/pages/index.aspx>

As you think about what goals you are going to set for yourself this year, think about continuing your education. But don't wait too long or the opportunity will pass you by before you know it.

Capt. Phillip M. Sanchez, MSC, USN
Commanding Officer, Navy Medicine
Professional Development Center

Bethesda Notebook

101 Critical Days of Summer Training

In preparation for the 101 Critical Days of Summer, which begin Memorial Day weekend, there will be mandatory safety training for Walter Reed Bethesda staff members next Wednesday and Thursday in Memorial and Clark auditoriums. Training in Clark Auditorium will be held every hour from 5 a.m. to 4 p.m., and in Memorial Auditorium every hour from 5:30 a.m. to 4:30 p.m. A Common Access Card (CAC) is required for sign in and as proof of attendance. Guest vendors with safety information will also be in Bldg. 9, Great Hall.

Birth Month Training

Birth month training for Army, Navy and civilian personnel at Walter Reed Bethesda is held every second and fourth Thursday of each month in Clark Auditorium beginning at 8 a.m. Training sessions include personal finance and stress management; sexual harassment; suicide awareness and prevention; customer service; threat awareness and counterintelligence; and drug and alcohol prevention education.

Employer Network Event

An Employer Network Event is held monthly on the last Thursday from 11 a.m. to 1 p.m. in Bldg. 11 (lower level), Room 16. Attendees will be able to meet with industry representatives, develop professional connections and explore employment opportunities at the event, open to all active duty, family members, veterans, reservists, non-medical attendees, contractors and civilians. No registration is required. For more information, contact Fleet and Family Support Center at 301-319-4087 or email FFSC@med.navy.mil.

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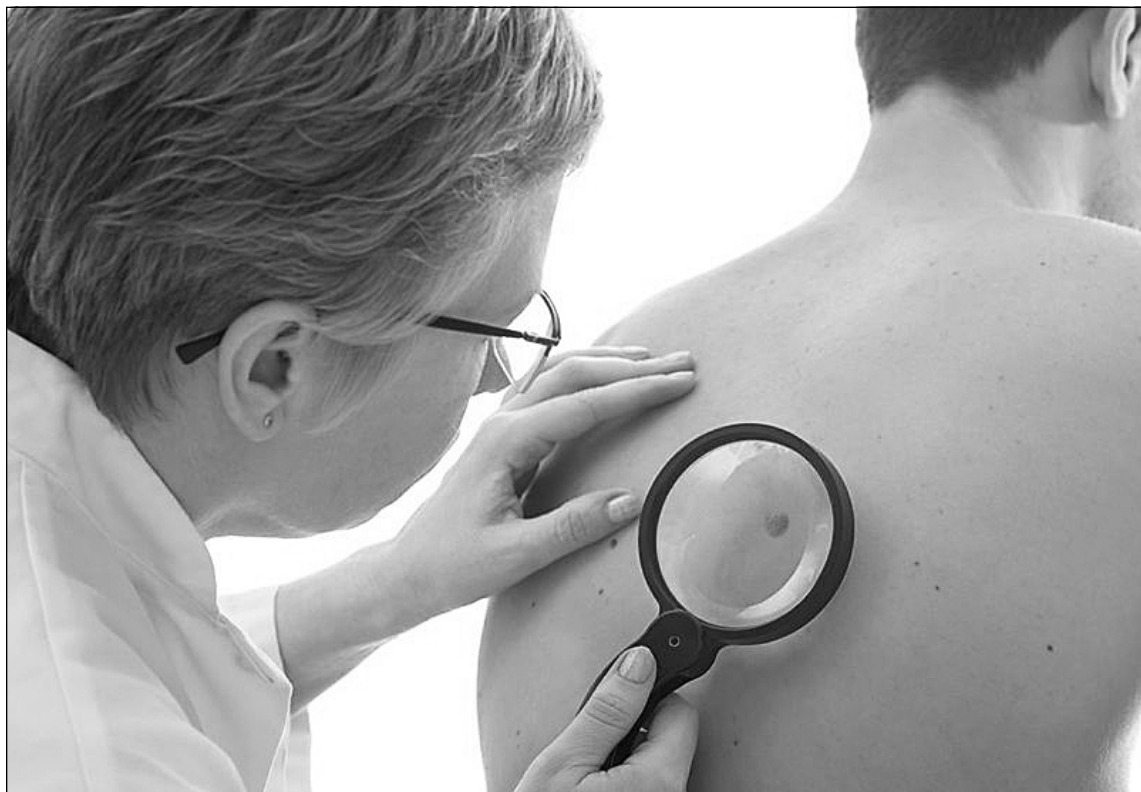
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Murtha Cancer Center Hosts Melanoma Awareness Day Summit

Skin Cancer Screenings, Information Sessions Included in Observance



Courtesy photo

The best ways a person can prevent skin cancer are (1) receive screenings, (2) avoid indoor tanning beds, and (3) use sun screen with the appropriate SPF.

By Katrina Skinner
WRNMMC Public Affairs
staff writer

In recognition of Melanoma Awareness Day, the John P. Murtha Cancer Center (MCC) at Walter Reed National Military Medical Center (WRNMMC), the Department of Defense's (DOD) only Cancer Center of Excellence, and Dermatology Services hosted information sessions and free skin cancer screenings for patients and staff in an effort to educate them on the importance of skin care.

The annual event got underway in the WRNMMC Memorial Auditorium May 1 with information sessions, providing researchers and clinicians with the latest on advances in melanoma, targeted therapies in development, and survivorship.

Melanoma – the sixth most common type of cancer in the United States – is the most deadly of all skin cancers.

"It's very important, what we are doing today is very important. Melanoma is a killer and the incidence is increasing," said Col. (Dr.) Stuart Roop, director of medicine at WRNMMC. "The incidence of melanoma is rising faster than any other preventable cancer in the United States."

Between 1950 and 2007, the incidence rate of melanoma rose more than 17-fold in men and 9-fold in women. Approximately 75,000 people will be diagnosed this year; of those, 10,000 will die of their disease. The lifetime risk of melanoma is one in 40, according to Roop.

Nina Sullivan – first diagnosed in 1978 with melanoma – has been getting regular check-ups at WRNMMC for at least 30 years.

"My first cousin had [melanoma] on her leg and another cousin [had melanoma] on her arm.

See **CANCER** page 10

Nurse Case Managers, the Quarterbacks of Care

By 1st Lt.
Antonia Elena Pearse
Warrior Transition
Battalion, Bethesda

Just as a quarterback leads the play for his team, a nurse case manager plays a central role in the care and rehabilitation of wounded, ill or injured Soldiers at Warrior Transition Units all over the country.

At the Warrior Transition Battalion (WTB) at Naval Support Activity Bethesda, Maryland, Warrior Transition Units at Fort Belvoir, Virginia, and Fort Meade, Maryland, there are almost 60 nurse case managers caring for Soldiers, including 30 military nurses, both active duty and Reserve/National Guard, and 29 civilians.

As part of the Triad of Care, a nurse case manager (NCM) works with the primary care manager and the squad leader/platoon sergeant, making appointments and acting as a go-between for the Soldiers and other care providers.

"The NCMs are very supportive and work on each case on a daily basis," said Staff Sgt. Mario Derogatis, a squad leader at the Bethesda WTB.

"Since squad leaders don't deal with the medical side, the nurse case managers give us an idea of what to expect and help us to understand what the Soldiers in our platoon are going through."

NCMs coordinate patient appointments, help resolve scheduling difficulties and facilitate communication between the medical and military parts of the care triad.

Nurse Case Manager Capt. Jocelyn Evobauman, Bethesda WTB, described how despite the challenges, being a nurse case manager can be a satisfying job.

"I joined the military as a nurse because I wanted to serve and help people and take care of their health," said Evobauman. "I enjoy taking care of Soldiers and seeing them progress through their medical boards towards transitioning to becoming a civilian."

"It has been an honor to help those who keep us safe," agreed Nurse Case Manager April Gibson, Warrior Transition Battalion, Bethesda. "It makes sense to take care of people who give so much to take care of us. It has been an honor to be given the responsibility to take care



U.S. Army Photo by 1st Lt. Antonia E. Pearse

U.S. Army Nurse Case Managers Capts. Vonya M. Gibbons, Sharon D. Pickett, and Kimberly D. Barron, Warrior Transition Battalion, Bethesda, MD, pose for a picture during Nurse Appreciation Week, May 6-12.

of service members. I enjoy what I do."

Nurse Case Manager Capt. Sharon Pickett, Warrior Transition Battalion, Bethesda, explained that in addition to caring for the Soldiers, NCMs work with families of Soldiers to ease the transition to health, whether a return to duty, or to medically retire and rejoin civilian life.

"We coordinate between wounded, ill or injured Soldiers and their providers, as well as making sure that their families are taken care of," Pickett said.

Soldiers who have been severely wounded, injured or become ill in a combat zone, and are flown from Landstuhl Regional Medical Center (LRMC), Germany, can bring the great-

est challenges and the greatest rewards.

"Seeing the severely wounded, ill or injured flown in from LRMC – some arrive on stretchers – go through the healing process with their families, and either return to duty or medically retire, when they are able to walk out on their own, the feeling is indescribable," said Pickett.

'Building the Bench' Necessary for Effective Military, Admiral Says



Photo by Bernard S. Little

Rear Adm. Sinclair M. Harris, vice director for operations, Joint Staff (Operations, J-3) discusses "building the bench" and personnel development during the National Naval Officers Association (NNOA) Bethesda Chapter's inaugural mentoring and networking forum held May 5 in the National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center (WRNMMC).

By Bernard S. Little
WRNMMC Public Affairs
staff writer

In order for the U.S. military to remain relevant, as well as a respected worldwide force, it must continue "building the bench" in the development of its people, explained Rear Adm. Sinclair M. Harris, vice director for operations, Joint Staff (Operations, J-3).

Harris was guest speaker for the National Naval Officers Association (NNOA) Bethesda Chapter's inaugural mentoring and networking forum held May 5 in the National Intrepid Center of Excellence (NICoE) at Walter Reed National Military Medical Center (WRNMMC).

A native of Washington, D.C., Harris discussed the importance of leadership and professional development, as well as mentorship and networking, during his presentation at WRNMMC. "Building the bench" includes "bench strength," which he explained as leadership development (investing in people); a culture of

inclusion (diversity of talent); communications (networking knowledge); building trust (empowerment); and mentoring (key to a resilient force).

"In this world that we live [in] today, which is complex, convoluted, and challenging in many, many ways, there are lots of things that are important [including] innovation, strategy and budgeting, but our people are the most important element," Harris continued. "What we do for our people to prepare them for this complex, complicated and convoluted world is more important now than ever before."

A Sailor for more than 34 years, Harris said "bench strength will get organizations through lean times." He added that depth on the bench allows organizations the ability to work through the complexities and challenges they may face in order to accomplish their missions.

The U.S. military is oftentimes called upon to assist communities in overcoming current challenges, Harris continued. He said the "wicked problems" include "pandemic

and the spread of infectious diseases such as Ebola; violent extremism; natural disasters (such as the earthquakes in Haiti and Nepal); cybersecurity; unemployed and disenfranchised youth bulge combined; proliferation of weapons of mass destruction and mass effect," in addition to other challenges.

"The military [in many cases] ends up being the one to try to hold things down until the real problem can be addressed," the admiral said. "These wicked problems aren't going away ... That is why building that bench strength is so important."

Building the bench strength (leadership development; diversity and inclusion; communications; trust and mentoring) needs to happen at every level, Harris continued. "It may start at the top, but it must be threaded into the fabric of every Sailor, Soldier, Airman, Marine and Civilian regardless of position."

He added that diversity and inclusion is also the founda-

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WRNMMC Medical Laboratory Scientist Program Earns Continuing Accreditation

By Bernard S. Little
WRNMMC Public
Affairs staff writer

The National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) awarded continuing accreditation for seven years to the Medical Laboratory Scientist Program of Walter Reed National Military Medical Center (WRNMMC).

The accreditation began with a letter dated April 17, 2015 from the NAACLS to WRNMMC Director Brig. Gen. (Dr.) Jeffrey B. Clark announcing the accreditation process and subsequent visits that lead to accreditation.

“The [NAACLS] Board of Directors’ award is based on the continuing accreditation review process that included a site visit of your program during the fall of 2014,” the letter states. “Accreditation for your program will continue until April 30, 2022.”

Patricia Jarrett, program director for the Clinical Laboratory Officer Course (CLOC), explained the NAACLS accredits programs for medical laboratory scientists/technicians, histotechnicians, cytogenet-



Photo by Katrina Skinner

The National Accrediting Agency for Clinical Laboratory Sciences recently awarded continuing accreditation for seven years to the Medical Laboratory Scientist Program, called the Clinical Laboratory Officer Course, at Walter Reed National Military Medical Center.

ics, diagnostic molecular scientists, as well as pathologists’ assistants throughout the country. “We certify medical laboratory scientists,” she added.

Jarrett further explained the entire accreditation process takes about a year.

“NAACLS notifies each [program] a year out to remind them that their accreditation is coming due,” said Jarrett. “The

process included a self-study packet, a paper review and a site visit. The paper review and the site visit usually occur within a few months of each other.”

“The program is peer-reviewed and they look at everything from curriculum to include objectives and exams, space available for teaching, faculty and program director qualifications, [as well as] resources to include

budget, and technology,” she continued. In addition, NAACLS reviews the program’s application processes; safety policies; how records are maintained; student concerns;

and program evaluation to include pass rates, exam rates for the national board, and class sizes.

“There were 22 standards to answer to for the self-study,” Jarrett added. “The self-study is sent to a paper reviewer who reads through everything and makes comments on anything they felt may have been missing in the self-study, were not explained very well, or which they could not locate in the self-study.”

She said that during the site visit, NAACLS officials evaluate the program and address any concerns from the paper reviewer or from their own review of the self-study.

“The site visitors really enjoyed their visit here,” Jarrett said, adding that they were impressed by the size and space of the laboratory and the opportunity to see WRNMMC.

“We had a perfect inspection--no concerns, no recommendations. This is

because we are constantly updating the curriculum for the students and trying to improve our program,” Jarrett said.

“The program director and the faculty are committed to the education and professional development of the students to assure that the students are successful,” stated NAACLS officials about the WRNMMC CLOC. “Graduates highly recommend the program to others and believe they were well prepared for the workforce. The administration has strong support for the program now and [in the] near future.”

“We are very proud of the work done by Ms. Jarrett and the Department of Pathology,” added Capt. David Larson, director for Clinical Support Services at WRNMMC. “They run a tremendous training program and are another example of how WRNMMC is the ‘flagship’ of military medicine.”



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Walter Reed Bethesda Salutes Extraordinary Nurses

By Bernard S. Little
WRNMMC Public Affairs
staff writer

As part of its observance of National Nurses Week, Walter Reed National Military Medical Center (WRNMMC) saluted three of its extraordinary nurses during a DAISY Award ceremony May 8 in the Memorial Auditorium.

Ensign Mia Galassi (Ward 5C), Army 2nd Lt. Samantha Richardson (Ward 4C) and Army Sgt. John Thomas (Ward 4W) earned the WRNMMC DAISY awards for February, March and April respectively.

DAISY is an acronym for Diseases Attacking the Immune System, and the award and DAISY Foundation were established by Bonnie and Mark Barnes following the death of Mark's son Patrick from an autoimmune disease (Idiopathic Thrombocytopenia Purpura) at the age of 33 in 1999.

Appreciative of the "extraordinary" nursing care Patrick received during his hospitalization, the Barnes family established the DAISY Foundation and Award in 2000, explained Navy Capt. Shirley Bowens, a member of the DAISY Committee at WRNMMC. She said each DAISY Award winner receives a serpentine stone sculpture hand carved by artists of



Photo by Bernard S. Little

Walter Reed National Military Medical Center (WRNMMC) saluted three of its nurses at a DAISY Award ceremony May 8 during National Nurses Week. From left are Dr. Alyshia Smith, guest speaker at the ceremony and the deputy chief nurse executive at the D.C. VA Medical Center; Army 2nd Lt. Samantha Richardson (Ward 4C), WRNMMC's March DAISY Award winner; Ensign Mia Galassi (Ward 5C), WRNMMC's February DAISY Award winner; Army Sgt. John Thomas (Ward 4W), WRNMMC's April DAISY Award winner; and Col. Ray C. Antoine, WRNMMC's director of nursing services.

the Shona tribe in Zimbabwe.

The stone sculpture, called "The Healer's Touch," is representative of the "special relationship nurses have with their patients," she added.

Patients, their families and other staff members can nominate members of the WRNMMC nursing team for the DAISY Award. Galassi and

Richardson were nominated by patients for the DAISY Award, while a patient's spouse nominated Thomas for the award. The nominators wish to remain anonymous.

The patient who nominated Galassi for the February DAISY Award stated the nurse "went above and beyond to assure my comfort. This nurse

was kind, funny and above all made sure we felt in the loop. This nurse... made us feel very welcomed and special."

The patient who nominated Richardson for the March DAISY Award stated that the second lieutenant "demonstrated attributes of exemplary nursing [including] compassion, patient advocacy, team work,

professionalism, effective listening to patient's issues and concerns, patient-centered care, commitment, and mentorship."

In nominating Thomas for the April DAISY Award, the patient's spouse stated, "This nurse's professionalism, loving care, skills, expertise and compassion comforted and educated my family during my husband's [challenges]. This nurse comforted my husband... and provided clinical explanation for his [condition]. Most importantly, this nurse's passion was clear in the compassion the nurse demonstrated for my whole family who [were] snowbound during the blizzard. This nurse's careful placement [of us] in the adjacent lodge... was greatly appreciated."

While providing compassionate care to others, nurses need to also take care of themselves, said guest speaker Dr. Alyshia Smith, also a nurse.

The deputy chief nurse executive at the Washington D.C. Veterans' Affairs Medical Center, Smith said her nursing colleagues and other caregivers must care for themselves in order to continue to provide the extraordinary care which has made WRNMMC the flagship of military medical centers.

She pointed out this year's theme for National Nurses

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SECNAV, CNO Celebrate Centennial Anniversary

By Mass Communication
Specialist 3rd Class (SW)
Dustin Knight
Defense Media Activity

Secretary of the Navy Ray Mabus, Chief of Naval Operations (CNO) Adm. Jonathan Greenert, along with prior CNO's, service members and civilians gathered at the Navy Museum at the Washington Navy Yard to celebrate the 100-year anniversary of the appointment of the first CNO and the creation of the office of the chief of naval operations staff May 11.

The CNO is the senior military officer of the Department of the Navy, a four-star admiral and is responsible to the Secretary of the Navy for the command, utilization of resources, and operating efficiency of the operating forces of the Navy and of the Navy shore activities assigned by the Secretary.



Photo by Mass Communication Specialist 1st Class Nathan Laird

Chief of Naval Operations (CNO) Adm. Jonathan Greenert and retired Adm. James Holloway, former CNO, cut the cake during the centennial celebration for the office of the Chief of Naval Operations and Navy staff at the Washington Navy Yard May 11.

"The presence we provide right now requires us to have Sailors, Marines and platforms that are ready to perform mis-

sions at any moment -- that's what the CNO makes happen," said Mabus.

As a member of the Joint

Chiefs of Staff, the CNO is the main naval adviser to the President and to the Secretary of the Navy on the conduct of war, and is the principal adviser and naval executive to the Secretary on the conduct of activities of the Department of the Navy. Assistants are the Vice Chief of Naval Operations (VCNO), the Deputy Chiefs of Naval Operations (DCNOs), the Assistant Chiefs of Naval Operations (ACNOs) and a number of other ranking officers. These officers and their staffs are collectively known as the Office of the Chief of Naval Operations (OPNAV).

"The CNO hasn't done it alone," said Greenert. "He has an OPNAV team, as I have an OPNAV team. When it all started the CNO had three subordinates. In 1916 there was legislation to remedy this and it said it will enlarge the staff to no less than 15."

Greenert went on to commend his staff for their hard work and dedication.

"The office today defines the requirements for the future fleet and it does it pretty darn well," Greenert said. "It knows that its job is to organize, train and equip. I'm very proud to lead the OPNAV staff of today, and what you do today is important and the fleet knows you're here for them. It helps us be ready for war."

Greenert also spoke of prior CNO's accomplishments during their terms in the office, including that of the first CNO, Adm. William S. Benson.

"Adm. Benson oversaw the largest ship building program in history, at that time, and that was the expansion of our Navy for World War I," said

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Nurses Week Special

The History of U.S. Military Nursing

By Sharon Renee Taylor
WRNMMC Public Affairs
staff writer

Military nursing arose from humble beginnings. To honor National Nurses Week, the early history of the military nurse is reviewed, along with the role of nurses in the Revolutionary War, the Civil War, and the Spanish-American War.

In The beginning – The Revolutionary War

With the birth of the nation, nursing was seen as a military or religious role. For this reason, nursing had significant male representation until the 1800s, according to a 2013 Census Bureau report on men in nursing occupations. However, exception was made during the Revolutionary War. Women who followed the Continental Army were considered “camp followers.” Some earned money and rations with the army by nursing. General George Washington wrote with concerns of keeping their numbers down, since the women would further decrease the rations set aside for soldiers.

In 1775, a congressional resolution allowed one nurse for every 10 patients in Continental hospitals. The resolution also allotted \$2 a month for these nurses. The pay was subsequently raised each year following, up to \$8 a month in 1777. Despite the increase in pay, there remained a shortage of nurses, according to the Colonial Williamsburg Foundation.

The Civil War

During the American Civil War, which began in 1861 and lasted four years, women again took on the task of nursing the sick and wounded, according to Philip Kalisch and Beatrice Kalisch in their book “American Nursing, A History.” More than 618,000 men died in service, as battle casualties or victims of disease during this time.

A hundred nurses were selected for modern nurse training based upon the writings of nursing pioneer Florence Nightingale. Dorothea Dix was selected to lead the women nurses in June 1861 and organize a corps of the female



Columbia University

During the Spanish-American War, nurses were trained to serve American troops at a Georgia field hospital, improving sanitary conditions and reducing the number of typhoid fatalities.



Florence Nightingale

nurses. She issued a circular that prohibited female candidates “below the age of [35] years, nor above 50,” among other criteria, for appointment. Women who did not meet the criteria also nursed in the war, but without compensation.

In their published history of American nursing, Kalisch and Kalisch counted close to 10,000 women who served as nurses during the Civil War.

Guess Who?

Who would guess a novelist, a first lady and a poet as military nurses? A number of notable individuals served as military nurses in the Civil War.

Novelist Louisa May Alcott, the author of “Little Women” served as a volunteer nurse during the Civil War. It was during this time that she wrote her book “Hospital Sketches” about her experience. The book was published in 1863, nearly



Dorothea Dix

20 years before her best known novel, “Little Women.”

Poet Walt Whitman also served as a volunteer nurse. While searching for his brother who had been wounded serving with the Army of the Potomac during the Civil War, the poet was so moved by what he saw that he began nursing wounded soldiers on his own. He read to them, brought gifts of fruit, candy and occasionally wrote letters they dictated. Like Alcott, Whitman wrote about his hospital service with poems in his book “Drum Taps.”

First lady Mary Todd Lincoln is also cited as a volunteer nurse. She brought food to the wounded, read to them, raised money during the Civil War, toured Union Army camps and reviewed troops with her husband, according to the National First Ladies’ Library. After the war, she backed the establishment of a nursing corps.



Library of Congress

Pictured in 1864, Civil War volunteer nurse Abby Gibbons of New York City, her daughter Sarah and officers in the main eastern theater of war, Grant’s Wilderness Campaign.

Former slaves served as nurses during the Civil War. In addition to working as a spy and scout, Harriet Tubman also served as a nurse for the Union Army. Susie King Taylor, noted as the first Black Army nurse, provided care for the all-black army troop named the First South Carolina Volunteers, 33rd Regiment for four years. In 1863, Ann Stokes volunteered to serve as a nurse when the United States Navy enlisted several young African American women into the Navy. Given the rank of “first class boy,” Stokes served on the USS Red Rover Navy Hospital Ship.

Spanish-American War

Female contract nurses were officially added by the U.S. military during the Spanish-American War, which began in 1898. These nurses had graduated from nursing training schools, and for the first time, accepted to work in military hospitals—a foreshadowing of women in the armed forces. At the war’s end, more than 1,500 nurses served, including 250 nuns, 80 black nurses, and at least four

Native Americans. Historians record 21 of these women died after contracting illnesses from those they cared for.

The army surgeons preferred male nurses, so an attempt was made to enlarge the small Hospital Corps that existed in 1898, growing from 723 to nearly 6,000. Although trained recruits were preferred, the need for nurses was great, and commanders temporarily detailed squads of infantry to work in camp hospitals, cited in the book “American Nursing, A History.” These soldiers had low status, low pay and little respect from other soldiers despite performing duties “far more arduous and taxing than those of his comrades bearing arms. In constant contact with infectious diseases, he exposed himself to more danger than if he were on the battlefield,” the authors wrote.

The need for and acceptance of female nurses emerged as the country entered World War I. The military established the first of three nurse corps, with formal training and education to care for the ill and injured service members on the battlefield for the next 40 years.

SECNAV Mabus Releases New DON Personnel Initiatives

Secretary of the Navy Ray Mabus announced several personnel initiatives May 13 during a speech at the U.S. Naval Academy, Annapolis, Md.

"What we've always known is that the way we recruit, develop, retain and promote Sailors and Marines is critical to our success," said Mabus. "To fight and win, we need a force that draws from the broadest talent pools, values health and fitness, attracts and retains innovative thinkers, provides flexible career paths, and prioritizes merit over tenure."

United States Naval Academy Initiatives:

- Optimized Service-Assignment for USNA (2016) – The USNA will continue to evolve our service assignment process by moving further away from a class-rank based selection model to a more market-based system that pairs the natural talents and interest of USNA graduates with the focused skills needed in our warfare communities.

- Office of Talent Optimization at USNA (September 2015) – New office will be funded by and report to the Chief of Naval Personnel. Those in this office will provide critical advice on labor market conditions and new proposals, informed by the private sector and academia, to keep our person-



Courtesy Photo

**Secretary of the Navy
Ray Mabus**

nel systems competitive. Those in this office will work to further flatten our personnel system, coordinating efforts with warfare communities, manpower planners, and USNA faculty to create a true marketplace of talent.

Culture of Fitness:

Navy fitness initiatives (2016-2017) - The Navy and Marine Corps' fitness culture should focus on producing warfighters capable of accomplishing

any mission any time and supporting healthy lifestyles to reduce overall medical costs. To do so, we will make the following changes:

- When measuring body fat, we will evaluate health, not shape.
- Incorporate physical fitness spot-checks to augment cycles, promoting the year-round culture of fitness.
- Performance scores documented on FITREP / Evals
- Expand Navy gym hours, including many CAC accessible 24/7 beginning in 2016
- Issue Navy fitness suit by the end of 2016
- Authorize the "Outstanding Fitness Award" for those who perform at an outstanding level over 3 consecutive cycles, with corresponding badge to be worn on the new fitness suit
- Begin "Fuel to Fight" healthy eating pilot programs at sea and ashore, fleet implementation 2017.

Uniforms:

- One Uniform – Navy and Marine Corps are trending toward uniforms that don't divide us as male or female but unite us as Sailors and Marines. The Department of the Navy has conducted a thorough review and both services have initiated the transition to the same uniform for both males and females.

Adaptive Workplace:

- Continue to increase female enlisted accessions (2015) – Navy and Marine Corps should reflect the nation they serve. As American industry teaches us, greater integration produces vast improvements in innovation, adaptability, and resilience – all powerful forces for an even stronger Navy. The Department of the Navy will continue to place emphasis on attracting, recruiting and retaining women to work in ratings in which women are under-represented.

- Opening all operational billets to women (2016) – The Secretary of the Navy supports the Navy and Marine Corps' efforts to provide data-based gender integration recommendations to the Secretary of Defense. He is personally committed to opening all operational billets to women and believes in imposing one standard for both sexes, a standard that matches the needs of the job.

- Environment intolerant of sexual assault – The Department of the Navy will continue to offer programs of prevention, advocacy and accountability. The Navy and Marine Corps have instituted an extensive Sexual Assault Prevention and Response program

See **INITIATIVES** page 10

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MILITARY

Continued from pg. 4

tion for establishing trust, which is built on confidence in each other and their ability to do the job.

"You want to be able to trust that when I call LeBron James out of the game, the person I'm going to send in is not going to just throw the ball away, but will keep pushing it down court, fill the gap or at least hold it for a while," said Harris.

Regarding mentoring, Harris explained it is a two-way, give-and-take endeavor, requiring both mentor and mentee to freely exchange and accept knowledge, experience and information.

"You don't want to have all of your mentors look just like you," added retired Navy Capt. Bernard Jackson, also a member of NNOA and master of ceremonies for the event. "You need a different perspective. Diversity in mentors is important. [This allows you to] synthesize information and come up with the right decisions," he said.

"The take-away is no matter how

senior you get, there's always an opportunity to give back. I think that's what your careers should be about," added Navy Capt. Clarence Thomas Jr., WRNMMC acting chief of staff. "We have our People foundation [in WRNMMC's strategic plan], which focuses on the way we encourage, reward and develop our people." He explained NNOA's mentoring and networking forum fits into the goal of the People foundation, which looks for "opportunities to enhance the way we [develop] your skill sets from a professional, as well as a personal standpoint."

The NNOA supports the U. S. Navy, Marine Corps and Coast Guard in the recruitment, development and retention of a diverse Officer Corps. Representatives from other organizations with similar objectives, including the Association of Naval Services Officers, National Naval Officers Association, Minority Officers Liaison Council, Air Force Association and The Rocks, Inc., also discussed their groups' efforts in the areas of leadership and professional development, mentorship and networking.

PRAYER

Continued from pg. 1

those of us who are in uniform service treasure more than anything else is the true dignity and value that we place, not on our common service, but on our individuality, on our differences; for in our military we are truly one out of many," Pratel said before he prayed.

National Day of Prayer is an annual observance on the first Thursday of May designated by the United States Congress with the president issuing a proclamation each year. A portion of President Barack Obama's proclamation this year read: "Today,

as we pause in solemn reflection, we celebrate the religious liberty we cherish here at home, and we recommit to standing up for religious freedom around the world."

Bitonti encouraged those in attendance to pray for the United States and to incorporate prayer into their lives.

"Regardless of denomination or which higher power you may believe or even for those who may not believe in a higher power ... I believe we can all agree that we are blessed to live in this country that allows any and all of those beliefs and supports us all," Bitonti said.

A breakfast prepared by NSAB culinary specialists was provided before the program.

ANNIVERSARY

Continued from pg. 6

Greenert.

Admiral William S. Benson was the first CNO, taking the position on May 11, 1915, holding the position through World War I, and overseeing the operations of more than a half million Sailors and two thousand ships.

The ceremony included music from the U.S. Navy Band, parading of the colors from the U.S. Navy Ceremonial Guard, striking of the bells to close the first 100 years of office operation and a cake cutting to commemorate the occa-

sion. Greenert, along with Adm. James Holloway III, cut the cake together. Holloway, the twentieth chief of naval operations, is the oldest living CNO.

Greenert thanked Adm. Holloway for his dedication as CNO, adding his deep appreciation for the mentorship from Holloway during his own tenure while CNO.

Beginning on May 11, and continuing through the remainder of the year, the Navy will commemorate the 100th Anniversary of the CNO and OPNAV staff through a number of initiatives.

Commemorative events, material and information can be found at <http://www.history.navy.mil/>.

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INITIATIVES

Continued from pg. 8

which has led to increased reporting and has provided critical support to those who come forward, including regulations prohibiting any form of retaliation against those reporting sexual assaults.

- Update co-location policy (2015) – New policy will promote career progression and opportunity for each member serving our Navy and Marine Corps families and support joint and reserve co-location initiatives.
- Extended Child Development Center hours (2015) – To accommodate the needs of Navy and Marine Corps families subject to high operational tempo, we will begin hiring immediately so that we can extend the operating hours of CDCs worldwide by four hours – two hours in the morning and two in the evening.
- Proposal to extend maternity leave (2016) – Propose legislation that will double paid maternity leave from 6 to 12 weeks.
- Expanded Career Intermission Program (2015, 2016) – Have proposed legislation this year that will allow us to expand CIP from 40 billets to 400. Next year we will propose legislation developing a customized menu of com-

pensation, length of intermission and payback options.

- Increased bonus opportunities – Propose legislation allowing Department of the Navy leaders to selectively grant bonuses based on specific skill-sets and talent, rather than across the board.

Performance Based Advancement:

- Continue to increase female enlisted accessions (2015) – Navy and Marine Corps should reflect the nation they serve. As American industry teaches us, greater integration produces vast improvements in innovation, adaptability, and resilience – all powerful forces for an even stronger Navy. The Department of the Navy will continue to place emphasis on attracting, recruiting and retaining women to work in ratings in which women are under-represented.
- Opening all operational billets to women (2016) – The Secretary of the Navy supports the Navy and Marine Corps’ efforts to provide data-based gender integration recommendations to the Secretary of Defense. He is personally committed to opening all operational billets to women and believes in imposing one standard for both sexes, a standard that matches the needs of the job.
- Environment intolerant of sexual

assault – The Department of the Navy will continue to offer programs of prevention, advocacy and accountability. The Navy and Marine Corps have instituted an extensive Sexual Assault Prevention and Response program which has led to increased reporting and has provided critical support to those who come forward, including regulations prohibiting any form of retaliation against those reporting sexual assaults.

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pensation, length of intermission and payback options.

- Increased bonus opportunities – Propose legislation allowing Department of the Navy leaders to selectively grant bonuses based on specific skill-sets and talent, rather than across the board.

Warrior Scholar:

- General Military Training changes – Ending GMT as we know it. Will allow commanding officers to determine what DoN-directed training is necessary and when. Will also develop a mobile app for relevant training and continued education (2017).
- Increased opportunities for graduate education (2015) – Expand fully-funded, in-residence graduate degree opportunities at civilian institutions by 30 billets. TYCOMS will identify proven operators to represent the Navy at our nation’s top institutions and bring knowledge and expertise back to the Fleet.
- SECNAV Industry Tours (2015) – Establish SECNAV Industry Tours, which allow commanding officers to send their best qualified officers to work at some of America’s top civilian companies, gaining valuable experience and further enriching the talent pool of the Navy and Marine Corps with the competitiveness of the corporate business cycle.

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AWARD

Continued from pg. 6

Week is “Ethical Practice, Quality Care,” and explained “ethical practice acknowledges the strong commitment and compassion that those on the nursing team display both in practice and within the nursing profession. In ethi-

cal practice we promote and advocate for the rights and health of nursing as well as our patients. We have an ethical responsibility to take care of ourselves so we have what it takes to take care of others.”

The work WRNMMC nurses do is “superhuman and can’t be measured only in outcomes,” Smith continued. “It is important work in which you touch the lives of others, their families, and those who are important to them.”

CANCER

Continued from pg. 3

We’re a very fair complexion people on my mother’s side of the family – all of us are very fair,” she said.

Fair-skinned individuals are the most at risk, according to Dr. Daryl Sulit, a teaching faculty for the combined Navy and Army Dermatology, Pathology, and Dermatopathology graduate medical education program. “The classic individual with the highest risk would be a red head with lots of freckles.”

Sulit went on to say other risk factors include a personal history of melanoma, family history, a person with numerous, atypical moles, a history of sunburn or a history of intermittent sun exposure.

To assist individuals with which signs to look for, Sulit shared the ‘ABCDE’ of melanoma. Individuals should look to see if the mark is (A) asymmetrical, has a (B) border irregu-

larity, is (C) discolored, is more than 6-millimeters in (D) diameter, or if the mark is (E) enlarging and evolving.

“If [a patient has] one of those characteristics then it can be monitored, but if [a patient has] all five, then my radar goes [off]. They need a biopsy,” said Sulit.

Chuck Clark, a retired master chief hull technician in the Navy, has been receiving his skin cancer screening for the last 15 years because “I want to know if I have a problem.” Clark, who is 86 years old, went on to say, “I don’t have a history but I think it’s important, preventative medicine... that’s why I am here.”

The best ways a person can prevent skin cancer are to (1) receive screenings, (2) avoid indoor tanning beds, and (3) use sun screen with the appropriate SPF.

For more information or an appointment, please contact the Dermatology Clinic at 301-295-4551 or 301-295-6576.

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